

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

10/790,786
Appl. No. : ~~10/190,786~~
Applicant : Lian et al.
Filed : March 3, 2004
TC/A.U. : 2813
Examiner : Harrison, Monica D.
Confirmation No. : 4369
Docket No. : 0928.0067C
Customer No. : 27896
Title : Method for Forming a (111) Oriented BSTO Thin
Film Layer for High Dielectric Constant Capacitors

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed September 20, 2005, please amend the above-identified application as follows:

Amendments to the Claims: are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks: begin on page 6 of this paper.



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TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed
September 20, 2005 for the above-identified application:

- | | | |
|--|---|---------------------------------------|
| <input checked="checked" type="checkbox"/> | Amendment/Response | |
| <input type="checkbox"/> | Petition for Extension of Time | |
| <input type="checkbox"/> | Request for Approval of Drawing Changes | |
| <input type="checkbox"/> | Information Disclosure Statement | |
| <input type="checkbox"/> | Notice of Appeal | |
| <input type="checkbox"/> | Associate Power | |
| <input type="checkbox"/> | Revocation and New Power | |
| <input type="checkbox"/> | Change of Address | |
| <input type="checkbox"/> | Return receipt postcard | |
| <input type="checkbox"/> | Check No. _____ in the amount of \$ | for the total fee as calculated below |
| <input type="checkbox"/> | Other: | |

The fee has been calculated as follows:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Total Claims	15	- 20 =	0	x \$50.00	
Independent Claims	3	- 3 =	0	x \$200.00	
If multiple dependent claims are presented, add \$360.00					
Total Amendment Fee					
<input type="checkbox"/> Applicant claims Small Entity Status (subtract 50% of Total Application Fee)					
Other fees: (specify)					
TOTAL FEE DUE					0.00

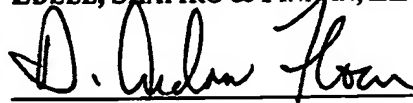
- ☐ A check for the total fee is attached.
- ☐ Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☒ The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: December 20, 2005

EDELL, SHAPIRO & FINNAN, LLC
CUSTOMER NO. 27896
1901 Research Boulevard, Suite 400
Rockville, MD 20850
(301) 424-3640

By:

Respectfully submitted by
EDELL, SHAPIRO & FINNAN, LLC



D. Andrew Floam
Reg. No. 34,597